

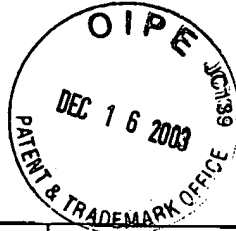
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
Alexandria, Virginia 22313-1450  
or **Fax** (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  
24223 7390 09/18/2003

MAINE & ASMUS  
100 MAIN STREET  
P O BOX 3445  
NASHUA, NH 03061-3445



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Debra A. Steneger (Depositor's name)  
Debra A. Steneger (Signature)  
12/16/2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/758,078	01/10/2001	David C. Brown	OSPD91-US	7128

TITLE OF INVENTION: ROTARY DEVICE WITH MATCHED EXPANSION CERAMIC BEARINGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$7980 \$1330	\$300	\$9610 \$1630	12/18/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
AGUIRRECHEA, JAYDI A	2834	310-090000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MAINE & ASMUS

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

GSI LUMONICS CORPORATION

Billerica, MA USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500323 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 4/6 \* RCVD AT 12/16/2003 8:53:50 AM [Eastern Standard Time] \* SVR:USPTO-EFXXF-21 \* DNIS:7464000 \* CSID:603886 4796 \* DURATION (mm-ss):02:48

12/16/2003 SHINASS2 00000118 500323 09758078

01 FC:1501  
02 FC:1504  
03 FC:8001

1330.00 DA  
300.00 DA  
15.00 DA

CUSTOMER NO. 24222



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: BROWN, David C.

Group Art Unit: 2834

Serial No. 09/758,078

Examiner: PEREZ, Guillermo

Filed: January 10, 2001

Atty. Dkt. No: OSPD91-US

For: ROTARY DEVICE WITH MATCHED EXPANSION CERAMIC BEARINGS

To: Mail Stop ISSUE FEE  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

From:

24222

Commissioner:

LETTER OF TRANSMITTAL

1. Transmitted herewith is Issue Fee Transmittal form PTO/SB/17, in the amount of \$ 1645.00 for the issue fee, publication fee, if applicable and 5 advance copies, payable to the Commissioner of Patents and Trademarks, PTOL-85B Issue Fee Transmittal, and PTO/SB/47 Fee Address Form.

2. Drawings: ☐ were submitted on \_\_\_\_\_ to the Drawing Review Branch,  
☐ were amended and submitted on \_\_\_\_\_ to the Examiner for approval, or  
☒ were previously approved.

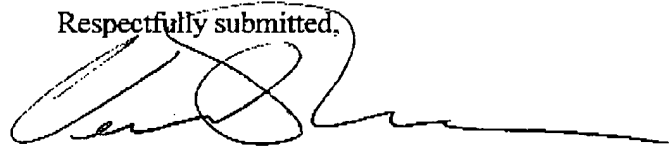
3. DEPOSIT ACCOUNT 500323 AUTHORIZATION – The office is hereby authorized to charge all necessary fees relating to the attached submittal. The office is hereby authorized to charge any deficiency or credit any overpayment in the fees relating to the attached submittal to deposit account 500323, registered to Vernon C. Maine P.L.L.C., dba Maine & Asmus, agents.

CUSTOMER NO. 24222

4. ☒ COMMENTS ON REASON FOR ALLOWANCE

The Applicant thanks the Office for providing reasons for allowance. However, the Applicant believes that the record as a whole amply supports the allowance of the claims and such further comments by the Office do not represent the full scope of the invention as defined in each of the claims. The Office merely recites elements of claim 5 as the reasons for allowance, and the Applicant wishes to ensure that such statement does not give rise to a presumption of acquiescence to those reasons, and the negative inferences that flow therefrom. Applicant believes that the allowed claims 5, 7-13, and 15-23, including 4 independent claims are best interpreted in light of the record as a whole and not on the reasons presented in the Notice of Allowance.

Respectfully submitted,



Vernon C. Maine, Reg. No. 37,389

Scott J. Asmus, Reg. No. 42,269

Neil F. Maloney, Reg. No. 42,833

Andrew P. Cernota, Reg. No. 52,711

Attorneys/Agents for Applicant

Cus. No. 24222

Maine &amp; Asmus


PO Box 3445

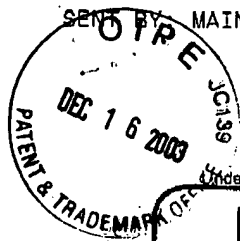
Nashua, NH 03061-3445

Tel. No. (603) 886-6100, Fax. No. (603) 886-4796

[Info@maineandasmus.com](mailto:Info@maineandasmus.com)

CERTIFICATE OF Facsimile 37 CFR 1.8: I certify that this correspondence is being faxed on the below date to Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, Fax #. 703-746-4000, Telephone #: 703-305-8594.

Date: 12/16/2003☒ Debra A. Stengel



PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1645.00****Complete if Known**

Application Number	09/758,078
Filing Date	01/10/2001
First Named Inventor	BROWN, David C.
Examiner Name	AGUIRRECHEA, Haydi A
Art Unit	2834
Attorney Docket No.	OSPD91-US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number

500323

Deposit Account Name

Maine &amp; Asmus

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 280	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	1330
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) publication fee & 5 advance copies 315

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**1645****SUBMITTED BY**Name (Print/Type) **Vernon C. Maine**Registration No.  
(Attorney/Agent)

37,389

(Complete if applicable)

Telephone **603-886-6100**

Signature

Date

12-16-2003

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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